

RECREATION SERVICES DIVISION SCHOLARSHIP APPLICATION FORM

Date:	
Participant's Name (Please Print):	
Parent/Guardian's Name:	
Parent Signature:	
Phone (Home):	Phone (Cell):
Address:	
Type(s) of Scholarships Requested: [] General Scholarship (Apply beginning January 1; [] Art Scholarship (Apply beginning January 1; Maxim	

----- Office Use Only -----

BAR CODE	CLASS	COURSE FEE	Scholarship	Cash/Check/CC
	START DATE		Amount	Payment
			Requested	
		Total	Total	Total
		\$	\$	\$

Please attach:

- Registration Form
- Eligibility documentation

Return completed forms and documents to:

Recreation Services Division – Registration Office 3300 Capitol Ave., Building B, Fremont, CA 94538 (510) 494-4300 / Hours: Mon-Fri, 8:30 a.m. to 5 p.m.

Please allow at least one week for approval prior to the start of requested class